

DEPARTMENT OF HEALTH AND HUMAN SERVICES

**OFFICE OF
INSPECTOR GENERAL**

**Psychotropic Drug Use
in Nursing Homes**



**JANET REHNQUIST
INSPECTOR GENERAL**

**NOVEMBER 2001
OEI-02-00-00490**

EXECUTIVE SUMMARY

PURPOSE

To assess the extent and nature of inappropriate psychotropic drug use in nursing homes and how it relates to chemical restraints.

BACKGROUND

The Senate Special Committee on Aging requested that the Office of Inspector General look at the extent to which psychotropic drugs in nursing homes are being used as inappropriate chemical restraints. Usage rates for these drugs have been increasing since 1995. A chemical restraint is the use of a drug to control an individual's behavior and is legally appropriate only if used to ensure the physical safety of residents or other individuals.

Psychotropic medications are drugs that affect brain activities associated with mental processes and behavior. They are divided into four broad categories: anti-psychotic; anti-depressant; anti-anxiety; and hypnotic medications. The Centers for Medicare & Medicaid Services established guidelines for the appropriate use of these drugs in nursing homes. Several programs exist to monitor the quality of care in nursing homes, including the appropriate use of psychotropic drugs. These include the nursing home survey and certification process and the State Long Term Care Ombudsman program.

We combined five methods for this inspection: 1) a medical record review of 485 nursing home residents taking psychotropic drugs; 2) an analysis of survey and certification and ombudsman program data; 3) an assessment of 135 nursing home Drug Regimen Reviews; 4) on-site visits to 10 nursing homes; and 5) a telephone survey of 20 survey and certification and ombudsmen staff. We excluded anti-depressants from our review.

FINDINGS

Psychotropic drug use in nursing homes is generally appropriate

Eighty-five percent of residents' psychotropic drugs use is medically appropriate. Nearly all have the potential to benefit functionally from their drug therapy and are using the drugs within Medicare guidelines for appropriate use.

Another 8 percent of residents are using psychotropic drugs inappropriately. These drugs are inappropriate for one or more of the following reasons: the dose is too high because

appropriate dose reductions are not followed; there is unjustified chronic use of the drug; there is no documented benefit to the resident; the wrong type of drug is being given for a particular diagnosis; and there is unnecessary duplicate drug therapy. The use of psychotropic drugs as an inappropriate chemical restraint does not appear to be widespread; our medical record reviewers could not conclusively determine that any of the inappropriate drug use was a chemical restraint. Finally, for 7 percent of residents, reviewers could not determine the appropriateness of their psychotropic drug use due to insufficient medical record documentation.

Data from survey and certification and ombudsman programs support the findings of the medical record review

Deficiencies from the Online Survey Certification Reporting System that directly cite the misuse of chemical restraints and psychotropic drugs are not common. Deficiency tag F222, (inappropriate chemical restraints) comprises 0.08 percent of all deficiencies in the current survey and has decreased slightly over the past four surveys. Further, tag F329 (unnecessary psychotropic drugs) comprises 2 percent of all deficiencies in the current survey and has remained constant. Also, most surveyors in our sample States concur that inappropriate chemical restraints are not common.

Similarly, Ombudsman complaints specific to the inappropriate use of chemical restraints and psychotropic drugs are not prevalent. In 1999, complaints about physical and chemical restraints accounted for 1 percent of all nursing home complaints, while those about the use of psychoactive drugs comprised just 0.25 percent of the total.

A growth in the proportion of nursing home residents with mental disorders may contribute to increasing psychotropic drug rates

Data from the Online Survey Certification Reporting System show that from 1995 to 1999 the overall national drug usage rate for anti-psychotics grew from 16 to 19.4 percent. During this time period, anti-anxiety drug rates increased from 14.3 to 15.7 percent. At the same time, data from this system show that over the last four surveys the proportion of residents with a documented psychiatric disorder, excluding dementia, increased from 13 to 16 percent and the proportion with behavioral symptoms grew from 29 to 31 percent. Further, numerous articles have linked the increasing prevalence of mental disorders among nursing home residents to higher psychotropic drug rates.

CONCLUSION

In response to concerns expressed by the Senate Special Committee on Aging about the use of psychotropic drugs as inappropriate chemical restraints in nursing homes, this report finds that these drugs are generally being used appropriately. While drug usage

rates for anti-psychotic and anti-anxiety medications have been rising, most psychotropic drug use in nursing homes is medically appropriate. Where it is inappropriate, the problems do not appear to be related to inappropriate chemical restraints but rather to inappropriate dosage, chronic use, a lack of documented benefit to the resident, and inappropriate duplicate drug therapy. We do note, however, that lack of adequate documentation for residents' psychotropic drug use is of some concern. The Centers for Medicare & Medicaid Services may consider educating providers to better document the appropriate use of these drugs.

AGENCY COMMENTS

We received comments on the draft report from the Centers for Medicare & Medicaid Services. They believe that the report will contribute to a better understanding of psychotropic drug use in nursing homes and in identifying areas for further focus. The CMS also notes that training related to psychotropic drug use and related documentation issues is already underway or planned.